



**EXPRESS MAIL CERTIFICATE**

EXPRESS MAIL LABEL NUMBER: EV 849570472 US

Date of Deposit: June 23, 2006

First Named Inventor: Harry J. Buncke

For: Surgical Methods Using One-Way Suture

I hereby certify that the following documents:

1. Transmittal Form (PTO/SB/21);
2. Petition for Extension of Time (PTO/SB/22);
3. Fee Transmittal (PTO/SB/17);
4. Amendment (8 pages);
5. Express Mail Certificate; and
6. Acknowledgment Postcard.

are being deposited in a single envelope with the United States Postal Services "Express Mail" service under 37 C.F.R. 1.10 on the date indicated above and such envelope is addressed to:  
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Marisol Cabrera  
(Name of Person Mailing Documents)

Marisol Cabrera  
(Signature of Person Mailing Documents)

6.16.06

TFW 3731

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/919,750
Filing Date	July 31, 2001
First Named Inventor	Harry J. Buncke
Art Unit	3731
Examiner Name	Jackson, Gary
Attorney Docket Number	013341-000003b

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or<br>1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br><b>Express Mail Certificate; and<br/>Acknowledgment Postcard.</b> |
|--|---|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MOORE & VAN ALLEN PLLC		
Signature			
Printed Name	MICHAEL G. JOHNSTON		
Date	June 23, 2006	Reg. No.	38,194

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name		Date	June 23, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004 Subject to the Consolidated Appropriations Act 2005 (H.R. 4818)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	09/919,750
		Filing Date	July 31, 2001
		First Named Inventor	Harry J. Buncke
		Examiner Name	Jackson, Gary
		Art unit	3731
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	013341-000003b
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>\$1,020.00</b>	

<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>13-4365</u> Deposit Account Name: <u>Moore &amp; Van Allen PLLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments							
under 37 CFR 1.16 and 1.17							
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee(\$)</b>	<b>Fee(\$)</b>	<b>Fee(\$)</b>	<b>Fee(\$)</b>	<b>Fee(\$)</b>	<b>Fee(\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	300	300	150	160	80	_____
Reissue	300	500	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<b>Small Entity</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee(\$)</b>
<b>Fee Description</b>							<b>Fee(\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
<b>Total Claims</b>							<b>Fee (\$)</b>
<b>Extra Claims</b>							<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____ x _____ = _____							<b>Fee (\$)</b>
HP = highest number of total claims paid for, if greater than 20							<b>Fee Paid (\$)</b>
<b>Indep. Claims</b>							<b>Fee (\$)</b>
<b>Extra Claims</b>							<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____ x _____ = _____							<b>Fee (\$)</b>
HP = highest number of independent claims paid for, if greater than 3							<b>Fee Paid (\$)</b>
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____		/50 = _____		(round up to a whole number) x _____		= _____	
<b>4. OTHER FEES</b>							
Non-English Specifications, \$130 fee ( no small entity discount)							_____
Other: 3 Month Extension of Time							<b>\$1,020.00</b>

<b>SUBMITTED BY</b>			
Signature		Registration No. 38,194 (Attorney/Agent)	Telephone 919-286-8000
Name (Print/Type)	Michael G. Johnston	Date June 23, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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